700 Exposition Park Drive Los Angeles, CA 90037 Phone: 213-744-2124 Fax: 213-744-2673

VolunteerDept@cscmail.org



The California Science Center Foundation welcomes enthusiastic individuals of all backgrounds and abilities. No aspect of our volunteer program is influenced by race, religion, national origin, sex, disability, age, or any other basis prohibited by law, but rather by factors such as commitment, dependability, and a desire to be of service.

DATE: First Name: Last Name: 0 Street Address: N Т City: Zip Code: Α C Т Home Phone: Cell Phone: E-Mail: N F Emergency Contact: Relationship: Emergency Phone: 0 □ Employed Check any that apply: □ Student □ Retired Employer/School: Phone: Title/Position: May we contact if necessary? □ Yes □ No COMMUNITY SERVICE / CLASS CREDIT REQUIREMENT Are you volunteering for class or community credit? If so, the California Science Center Foundation requires you to volunteer a minimum of 6 months before we can certify your service hours. ☐ Yes. As a volunteer, I agree to complete a minimum 6 months of volunteer service. I understand that I am □ No, I have a personal interest in required to volunteer a minimum of 6 months before the California Science Center Foundation is able to certify any community service hours. becoming a volunteer. PLEASE DESCRIBE THE FOLLOWING How did you first learn about our Volunteer Program? Have you ever been an employee or volunteer of the California Science Center Foundation? □ Yes □ No If yes, when: Previous or current volunteer experience: Educational background, hobbies, or special interests: **AGREEMENT AND CERTIFICATION** As a volunteer, I agree to hold as absolutely confidential all privileged, and or sensitive information which I may obtain directly, or indirectly concerning the California Initials Science Center and California Science Center Foundation, its guests and staff (including employees and volunteers). I agree that my services are donated to the California Science Center and California Science Center Foundation without contemplation of compensation, or future employment. I agree to grant permission to the California Science Center and California Science Center Foundation, its constituents and affiliates, to use my name/ and (or dependents), voice, statements, photographs, and other reproductions and likeness for promotional purposes (e.g. press releases, media interviews, audio/visual and printed materials). I further agree to comply with the policies and procedures, as well as the approved safety practices, in all areas of the California Science Center and California Science Center Foundation. I understand that my volunteer status may be terminated at will at any time and for any reason including, but not limited to, for example, failure to comply with the policies and procedures of the California Science Center and California Science Center Foundation including those of the volunteer department such as, absences without notification, reasons of unsatisfactory attitude, work, or appearance, and or for any other circumstances which in the judgment of the California Science Center and California Science Center Foundation would make my continued service as a volunteer contrary to their best interests. I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I authorize the California Science Center and California Science Center Foundation to investigate and/or verify the foregoing information, and any other information that might assist them in determining my qualifications for volunteering. I also hereby release the California Science Center and California Science Center Foundation, and my former employers, and all others from liability from damage which may result from such investigation. Date Name of Applicant (Print) Signature



## CALIFORNIA SCIENCE CENTER FOUNDATION VOLUNTEER DEPARTMENT APPLICANT SURVEY

I.	POSITIONS OF INTEREST		
	o Educational Programs	o	Guest Services
	o Office Assistant	0	ExploraStore
	o Discovery Rooms	O	Animal Husbandry
	o Diving	o	Air and Space Program
	o Special Exhibits	o	Special Events
II.	SPECIAL SKILLS		
	o Animal Care	o	Administrative
	o Public Speaking	o	Guest Relations
	o Education	O	Retail
III. Please li Name: Phone:	REFERENCE st names and phone numbers of a	reference other than an immediate family n	nember (employer, friend, teacher, etc.).
Relation	ship:		
you are a Name: Phone: Relation	acquainted, or check box. □ Noneship:		
V.	AVAILABILITY		
I am inte	erested in volunteering ho	urs per week.	
	Days Available	Start Time	End Time
	Sunday		
Monday Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Name of	f Applicant (Print):		
Signatur	e		Date